

MINUTES
Standardization Committee
Friday, December 12, 2003

Balog, Stephen, RN, DASS
Bordner, Mary Ann, RN, HES
Daine, Virginia, RN, Nursing
Fahey, Barbara, RN, MMD
Feigenbaum, Kathy, RN, Nsg.
Goldspiel, Barry, RPh, Pharmacy
Eldridge, Larry, Chair, OD

Lang, David, MD, Peds.
Peduzzi, Teresa, RN, Nursing
Price, Mary, RN, Nursing
Ennis, Bob, BIOMED
Tarr, Linda, RN, Nursing
Taylor, Jerry, RN, MMD
Woolery, Myra, RN, Nursing

GUESTS:

Ediger, Laura, DLM
Heiss, John, MD (NINDS) SNB

Johnson, Laurie, SNB (NINDS)
White, Margaret, RN, HES

Minutes of November 2003 – Approved

COST IMPLICATION REPORTS: As an FYI, reports were distributed on recently approved items: Kendall Enteral Feeding Bag Sets, Vamp Pediatric Combo, Epistat Nasal Kit, Applicator 6” Cotton, Glidewire, Oral Syringes with Tip Cap.

GEMSTAR ABULATORY PUMP IMPLEMENTATION STATUS: Re-implementation is being planned for February. The re-implementation education process planning, to include Abbott Specialists, will be conducted 01-17-2004.

JCAHO HAND HYGIENE STANDARD: This is an update from November’s meeting. Joint Commission has stated that in 2004 Hand Hygiene will be part of the Safety goals. We have upgraded the Orientation to introduce our product visually. There are slides for all the products and flow chart on instructions how and when to use. All the inpatients units will have the dispenser of Backtifoam Soap and brackets for the Avagard D have been installed. Housekeeping will be responsible if any items are broken or are empty. Send an e-mail to Hank Primas. If it occurs too many times then an occurrence report will be done. If you notice a room doesn’t have a dispenser or bracket it could have been missed so send an e-mail to Mr. Primas. Joint Commission is also looking to monitor how much is used. Ms. Bordner’s team will be doing the observation study, but there team is encouraging the managers to hold there employees responsible to use good hand hygiene. We are stressing that only the hand lotion that is provided by CHS for use by the staff. No lotions from home or patients hand cream are allowed. The inpatient areas are definitely using Backtifoam. There has been no decision on the rest of the public bathrooms.

DERMABOND: Dr. John Heiss, NINDS Neurosurgeon, requested placement of Dermabond into regular inventory. Dermabond can replace the Flexible Collodion which is supplied by the Pharmacy Dept. Dermabond is indicated for patients sensitive to pain, skin sutures, and to promote closure for wounds that are under tension or cosmetic areas such as hair lines. Once applied, Dermabond does not need to be removed; it disappears naturally as the incision heals. Dermabond forms a strong flexible bond and protective barrier for the incision that seals out

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most common infection-causing bacteria. This will only be applied by experienced physicians and LIPs. The motion was made, seconded and approved to bring Dermabond into regular inventory.

DTM INVENTORY REQUEST: This item is deferred to a future meeting.

SPECIMEN BAGS: An almost full box of the Routine Specimen Bags is being returned to the manufacturer by the Inventory Team in MMD. Two companies that make these custom bags, there are three different bags that are used for specimens. All the bags have been made out of the country. Both the manufactures are bringing the product back to the USA. They have changed the zipper design. This was one of the problems we experienced. Either you couldn't lock the zipper or when you went to open the bag the zipper would tear apart from the bag itself. The pocket of the outside of the bag was not sealed so when you put your paper work in it would go right through. MMD Inventory Management looked into two alternate manufactures, but couldn't get custom design nor could we get special plates. It would take eight to ten weeks if we choose another manufacturer to get the special plate designed. Before we go with a new manufacturer we want to see the new zipper style. The first batches of bags are being produced in the USA and we expect delivery sometime after January 1, 2004. If the problem still exists than we will try the alternate manufacturer.

ENTERAL FEEDING PUMP CONNECTOR RECOMMENDATION: At last month's meeting we reviewed the findings of Kendall Enteral Feeding Pump Tubing Sets and the Universal Adapter. The feeding sets replacement was approved, but we requested more information for the Kendall Universal Adapter. A meeting was held with our Kendall representation. The advantage to the Kendall Universal Adapter is that it actually securely connects to the feeding pump set. The adapter fits into all feeding tubes that are in-house, except for the Ross lower profile feeding tube or button. Neither the Kendall Universal Adapter nor the current connector is compatible with the Ross button. Management for the Ross button is to contact the Ross button manufacturer and a manufacturer issued extender that has an opening. A motion was made to approve the Kendall Universal Adapter to replace the current connector, to not use this adapter with Ross profile button. For the Ross Low Profile Button, staff are to go directly from the extension to the feeding bag. The motion was seconded and approved.

JOHNSON & JOHNSON PRODUCT DISCONTINUED: J&J is discontinuing the manufacture of there general wound care product lines. This includes; eye pads, sponges, gauze pads, dressing, bandages, tapes and cleaners. This discontinuation impacts 39 items that we maintain in our regular inventory. Since we received this communication from J & J which occurred six weeks ago our inventory management team has conducted extensive research to identify replacement comparable quality products. We have been able to identified items that we believe are comparable both in quality and price. The down side is that the staff is going to be accustoming to new packaging for some of products. We may temporally have to have two items from two different manufactures for a while. Most of the new items will be coming from Kendall. We will be sending out a Product Update listing this information in an understandable format as possible.

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BLOOD CULTURE SYSTEM CONVERSION TO BACTEC SYSTEM: DLM

Microbiology is upgrading the technology of blood culture equipment to the BD Bactec Blood Culture System. The technology upgrade entails use of a new shape for blood culture bottles, discontinuation of the BacT/Alert blood culture bottles, and discontinuation of the BacT/Alert adapters. Microbiology is coordinating a smooth transition with MMD Nurse Consult Service, NCPS Learning Management Network, and MMD Central Hospital Supply. Ms. Ediger explained that the BC Bactec System involved no functional changes—collection technique is the same, a blood culture set is still one aerobic and one anaerobic bottle; microbiology still provides the blood culture bottles; CHS still provides the vacutainer holder. Product Updates will be circulated. Transition will be complete by the end of December 2003.

PRODUCT SELECTION PROCESS REVISION: A handout was given for the updated Product Selection Process. This has been in place for more than a decade. Minor revision includes: addition of the Product Trial Process; addition of the Product Implementation Process; addition of the ORS role for product assessment; service change to MMD Nurse Consult Service.

NEW PRODUCTS FYI/PROJECTS IN PROCESS: There were many projects that were put on hold for Joint Commission. New beds will be delivered to Behavioral Health units in January. February is Heart Month, and we will in-service the Life Pax 12's and 20's with delivery in March.

Update on the new hospital completion will be the end of August 2004. Tentatively new patient move date will occur by December 2004. Eight week process for staff movement. Over 500 positions are affected by the move. Approximately 8,000 pieces of furniture will be purchased. Furniture installation will be completed by July 2004.

Next Meeting; Friday, February 13, 2004 @ 11:00am